## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

|               | AS FILED    |  | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |          |
|---------------|-------------|--|------------------------|------|------------------------|----------|
|               | IND.        | DEP.   | IND.                   | DEP. | IND.                   | DEP.     |
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| 50<br>TOTAL   |             |  |                        |      | L                      |          |
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| TOTAL<br>DEP. | 17          | <b>—</b>   |                        | -    |                        | -        |
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| TOTAL<br>IND.           |  | ,        |  | •  |         |              |
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| DEP.<br>TOTAL<br>CLAIMS |  |          |  | 724  |         |              |
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 $^\star$ MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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